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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/869,923 10/15/2001 PAT 6,808,484

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 05/15/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NEW ZEALAND	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

34313

**TITLE**

HEART ASSIST DEVICES, SYSTEMS AND METHODS

<b>FILING FEE RECEIVED</b> 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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